

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101-586229

7-19-06

CLAIMS

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	1					
4						
5	2					
6	3					
7	X					
8	X					
9	X					
10	1		1			
11						
12						
13			1			
14			1			
15	2					
16	X					
17						
18	1					
19	1					
20	X					
21	2					
22	2					
23	2					
24	X					
25	X					
26	X					
27	X					
28	X					
29	X					
30	X					
31	X					
32	X					
33	X					
34	X					
35	X					
36	X					
37						
38	X					
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42						
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46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			X			
TOTAL CLAIMS			10			

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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